

EDITORIAL



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Integrating Cardiac Care

Cicero once said: "In nothing do men more nearly approach the gods than in giving health to men." Never was it said that a man becomes one of the gods when involved in the healing of men. It does not matter if you can stent the most complicated coronary lesion, ablate the most difficult arrhythmia or do the most complex surgery, it stays important for a good doctor to be aware of his limitations and practice within the limits of it. There is no place for inflated egos in the practice of good medicine. There is no shame in asking an opinion from a colleague if he or she has more experience in the specific matter. It certainly does not make you the lesser man and I still have to encounter a patient who will think less of his doctor. Cardiology has become such a vast specialty that no single person involved in cardiac care can know everything there is to know about everything. A German proverb states that "No doctor is better than three" and with this in mind we chose the theme for this year's SA Heart Congress – "Integrating Cardiac Care", where our aim was to get all the relevant cardiac caregivers involved. This issue of the Journal also reflects this with contributions from adult cardiologists, pediatric cardiologists and a cardiac surgeon.

Prof. Pat Commerford presents a good overview on the management of patients with stable coronary syndromes, where he reviews all the treatment modalities and also gives us some food for thought on the (over)use of DES in our patients. An important message again is to be honest with our patients, in that we do not always change their prognosis with our interventions.

Dr Heidi Connolly contributes with a well illustrated review paper on Marfan syndrome. She is a world-renowned expert in this field and in this article she not only discusses the clinical manifestations of the syndrome, but also gives guidelines for the post-operative follow-up of these patients.

Dr Keith Fox's article on anti-thrombotic treatment in non-STEMI acute coronary syndromes is an excellent review of the older as well as the latest data. An important message is that choice of treatment should be tailored to the individual patient and that we should not follow a "one size fits all" policy. He has been involved in many of the clinical trials and is certainly well qualified to write on this subject.

The last two contributions come from the pediatric cardiology unit in Bloemfontein. Prof. Stephen Brown gives a well written overview on the percutaneous closure of ventricular septal defects. In this article he and his co-authors not only review current literature on the subject, but also describe the method of the procedure. Dr. Andre Bruwer reviews pulmonary hypertension in children, with specific emphasis on the latest treatment modalities. This condition has severe morbidity and mortality implications and this article will also benefit physicians treating adult patients.

May I take this opportunity to wish all the readers, on behalf of the Bloemfontein branch of the South African Heart Association, a most prosperous 2007.